


SUB

Form Approved, OMB No. 2050-0028 Expires 10/31/99  
GSA No. 0246-EPA-OT

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).		<h1>Notification of Regulated Waste Activity</h1>  United States Environmental Protection Agency		<b>Date Received</b> <b>(For Official Use Only)</b> <b>APR 09 1999</b>	
<b>I. Installation's EPA ID Number (Mark 'X' in the appropriate box)</b>					
<input type="checkbox"/> A. Initial Notification		<input checked="" type="checkbox"/> B. Subsequent Notification (Complete Item C)		C. Installation's EPA ID Number <b>ILD005091756</b>	
<b>II. Name of Installation (Include company and specific site name)</b>					
<b>AUTOMATIC SPRING COILING</b>					
<b>III. Location of Installation (Physical address not P.O. Box or Route Number)</b>					
Street					
<b>4045 WEST THORNDALE AVENUE</b>					
Street (Continued)					
City or Town				State	Zip Code
<b>CHICAGO</b>				<b>IL</b>	<b>60646-</b>
County Code	County Name				
	<b>COOK</b>				
<b>IV. Installation Mailing Address (See Instructions)</b>					
Street or P.O. Box					
<b>SAME</b>					
City or Town				State	Zip Code
					<b>-</b>
<b>V. Installation Contact (Person to be contacted regarding waste activities at site)</b>					
Name (Last)			(First)		
<b>CLEO</b>			<b>CHRISTOPHER</b>		
Job Title			Phone Number (Area Code and Number)		
<b>MFG ENG</b>			<b>773-539-5600</b>		
<b>VI. Installation Contact Address (See Instructions)</b>					
A. Contact Address Location		B. Street or P.O. Box			
<input type="checkbox"/>					
City or Town				State	Zip Code
					<b>-</b>
<b>VII. Ownership (See Instructions)</b>					
A. Name of Installation's Legal Owner					
<b>MATTHEW-WARREN INDUSTRIES</b>					
Street, P.O. Box, or Route Number					
<b>500 EAST OTTAWA STREET</b>					
City or Town				State	Zip Code
<b>LOGANSPORT</b>				<b>IN</b>	<b>46947-</b>
Phone Number (Area Code and Number)			B. Land Type	C. Owner Type	D. Change of Owner Indicator
<b>219-722-8200</b>			<b>C</b>	<b>P</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
					(Date Changed) Month Day Year
					<b>0110296</b>

ILD005091756



## ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

## A. Hazardous Waste Activity

1. Generator (See Instructions)  
☒ a. Greater than 1000kg/mo (2,200 lbs.)  
☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)  
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)  
☐ a. For own waste only  
☐ b. For commercial purposes
- Mode of Transportation  
☐ 1. Air  
☐ 2. Rail  
☒ 3. Highway  
☐ 4. Water  
☐ 5. Other - specify \_\_\_\_\_
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Hazardous Waste Fuel  
☐ a. Generator Marketing to Burner  
☐ b. Other Marketers  
☐ c. Boiler and/or Industrial Furnace  
☐ 1. Smelter Refractor  
☐ 2. Small Quantity Exemption  
Indicate Type of Combustion Device(s)  
☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace
5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer  
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner  
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device  
☐ a. Utility Boiler  
☐ b. Industrial Boiler  
☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)  
☐ a. Transporter  
☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)  
☐ a. Process  
☐ b. Re-refine

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) \_\_\_\_\_

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1A F003	2A F005	3A D007	4A D008	5A D010	6A D001
7	8	9	10	11	12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
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## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

NAME: PRESS HARD WHEN FILLING IN NAME &amp; ADDRESS.

AUTOMATIC SPRING COILING CO.

STREET ADDRESS:

4045 WEST THORNDALE AVENUE

CITY, STATE, &amp; ZIP CODE:

CHICAGO, ILLINOIS 60646

11 MAY 1983 ✓

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## FOR OFFICIAL USE ONLY

## COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED  
(yr., mo., & day)

1 LD005091756

A

830429

## I. NAME OF INSTALLATION

AUTOMATIC SPRING COILING CO.

## II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

4045 WEST THORNDALE AVENUE

CITY OR TOWN

CHICAGO

ST.

ZIP CODE

IL 60646

## III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

4045 W THORNDALE AVE

CITY OR TOWN

CHICAGO

ST.

ZIP CODE

IL 60646

## IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code &amp; no.)

DALIN RUTH M. PURCHASING MGR.

312-539-5600

## V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

EUGENE P. BERG &amp; CHARLES P. BERG

B. TYPE OF OWNERSHIP

(enter the appropriate letter into box)

F = FEDERAL  
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

W																			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

*Ruth M. Dalin*

NAME &amp; OFFICIAL TITLE (type or print)

RUTH M. DALIN  
PURCHASING MANAGER

DATE SIGNED

4-27-83



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•ILD005091755

INSTALLATION ADDRESS

AUTOMATIC SPRING COILING CO  
4045 W THORNDALE AVE  
CHICAGO IL 60646

4045 W THORNDALE AVE  
CHICAGO IL 60646

M 5-13-83